**Application for Out-of-State Nurse Technician Program Approval (PN, ADN, BSN)**

**Application needs to be completed by nursing program administration not by a student/s seeking nurse technician licensure.**

Thank you for your interest in seeking an out-of-state nurse technician approval for your nursing education program. Out-of-state nurse technician program approval will allow students in the nurse education program to apply for nurse technician licensure in Washington state.

**Suggested Steps to Follow in the Application Process**

1. Review the Washington state nurse tech rules: [WAC 246-840-840 through 246-840-905](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840&full=true).
2. The Board suggests applicants review Appendix A and B prior to filling out an application. It includes a list of nurse tech WACs that may influence the college/university’s decision to apply for out of state nurse technician program approval.
3. Submit all information in the checklist.
4. Appendix B provides a checklist with details on the type of evidence documentation to provide to the Board to support the college/university application for nurse technician program approval.
5. Complete Appendix B and C checklist and sign.
6. Submit the completed application and required documents via email.
7. Only electronic submissions will be accepted.

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| **Email** |  |
| WABONEducationUnit@doh.wa.gov |  |

All information should be typed or printed clearly in blue or black ink. Provide direct evidence, **not links to evidence or zip folders**. Applications will be reviewed by the Board when they are complete.

**The Review Process**

When the Board receives the completed application for nurse technician program approval it will be reviewed and placed on the Nursing Program Approval Panel (NPAP) agenda. The process could take up to three months. The Board notifies programs in writing of any outstanding questions or documentation needed to complete the process.

Any questions you have regarding the application process may be submitted to [WABONEducationUnit@doh.wa.gov](mailto:WABONEducationUnit@doh.wa.gov) .

Thank you,

WABON Education Staff

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| **Out-of-State Nursing Education Nurse Tech Program Approval** | | | | | | | | | | | | | | | |
| 1. **Demographic Information** | | | | | | | | | | | | | | | |
| **Name of Educational Institution:** Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **Name of Nursing Program:** Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **Indicate the type of nursing technician program you are seeking approval:**  **PN**  **ADN**  **BSN** | | | | | | | | | | | | | | | |
| **Physical Address of Education Institution:**  Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **City:**  Click here | | **State:**  Click here | | | | | **Zip Code:**  Click here | | | | | | **County:**  Click here | | |
| **Physical Address of Nursing Program:**  Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **City:**  Click here | | **State:**  Click here | | | | | **Zip Code:**  Click here | | | | | | **County:**  Click here | | |
| **Web Address:**  Click or tap here to enter text. | | | | | | **Type of Ownership:** | | | | | | | | | |
| **Mailing Address of Educational Institution (if different from above):**  Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **Mailing Address of Nursing Program (if different from above):**  Click or tap here to enter text. | | | | | | | | | | | | | | | |
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| **Name of Contact Person:**  Click or tap here to enter text. | | | | | | | **Title:**  Click or tap here to enter text. | | | | | | | | |
| **Physical Address:**  Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **City:**  Click here | | | **State:**  Click here | | | | | **Zip Code:**  Click here | | | | | | **County:**  Click here | |
| **Email Address:**  Click or tap here to enter text. | | | | | | | **Phone (enter 10 digit #):**  Click or tap here to enter text. | | | | | | | | |
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| **Name of Dean:**  Click or tap here to enter text. | | | | | | | **Credentials:**  Click or tap here to enter text. | | | | | | | | |
| **Physical Address:**  Click or tap here to enter text. | | | | | | | | | | | | | | | |
| **City:**  Click here | | | **State:**  Click here | | | | | **Zip Code:**  Click here | | | | | | **County:**  Click here | |
| **Email Address:**  Click or tap here to enter text. | | | | | | | **Phone (enter 10 digit #):**  Click or tap here to enter text. | | | | | | | | |
| **Vice President of Instruction’s Email Address:**  Click or tap here to enter text. | | | | | | | **Provost of Institution’s Email Address:**  Click or tap here to enter text. | | | | | | | | |
| 1. **Accreditation/Approval by Other Boards of Nursing** | | | | | | | | | | | | | | | |
| College/University Higher Education Accrediting Body:  Click or tap here to enter text. | | | | | | | | | | Expiration Date:  Click or tap to enter a date. | | | | | |
| Is the program approved by the Board of Nursing in the state of legal domicile? Yes  No | | | | | | | | | | | | | | | |
| If yes, list the Board of Nursing approval and expiration date:  Click or tap here to enter text. Click or tap to enter a date. | | | | | | | | | | | | | | | |
| Nursing Program Accreditation Body:  CCNE  CNEA  ACEN Expiration Date: Click or tap to enter a date. | | | | | | | | | | | | | | | |
| Send copies of accreditation letters with application. | | | | | | | | | | | | | | | |
| 1. **Describe the Mode of Education for the Program** | | | | | | | | | | | | | | | |
| Classroom experience in state of legal domicile:  Face to face  Hybrid | | | | | | | | | | | | | | | |
| Clinical practice/experience in state of legal domicile:  Yes  No | | | | | | | | | | | | | | | |
| Skills lab in state of legal domicile:  Yes  No | | | | | | | | | | | | | | | |
| Simulation, virtual:  Yes  No | | | | | | | | | | | | | | | |
| Simulation, face to face:  Yes  No | | | | | | | | | | | | | | | |
| Other: Click or tap here to enter text. | | | | | | | | | | | | | | | |
| 1. **Out-of-State Programs:** Provide a written narrative and supporting documents that address each of the following items. Organize and label your written narrative according to the numbered content and table below. | | | | | | | | | | | | | | | |
| 1. A letter of intent specifically identifying nursing degree programs (PN, ADN or BSN) courses, and practice/clinical experience(s). Please put courses in grid below. | | | | | | | | | | | | | | | |
| Theory | Course Number | | | | Course Name | | | | | | Course Credits | | | | Course Hours |
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| Totals: | | | | | | | | | | |  | | | |  |
| Skills | Course Number | | | | Course Name | | | | | | Course Credits | | | | Course Hours |
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| Totals: | | | | | | | | | | |  | | | |  |
| Clinical Course Hours | Course Number | | | | Course Name | | | | | | Course Credits | | | | Course Hours |
| Direct Care Hours | | | | | | | | | | | | | | | |
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| Simulation Clinical Hours | | | | | | | | | | | | | | | |
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| Totals: | | | | | | | | | | |  | | | |  |
| 1. Describe the format of practice/clinical experiences, such as use of preceptors, mentors, or direct faculty supervision. See [WAC 246-840-533](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-533). 2. Describe the evaluation process of students in practice/clinical settings by faculty. Include the student evaluation tool completed by faculty for each course.    1. Describe how the program(s) prepare students for practice/clinical experiences and licensure according to the scope of practice identified in [Washington nurse tech laws](https://nursing.wa.gov/education/hire-nurse-tech).   **4.4** Provide curricular outlines and sequence for each program (degree) seeking nurse technician program approval.   * 1. Provide program purpose, outcomes, program policies and student handbook.   **Please complete the following table** | | | | | | | | | | | | | | | |
| Faculty Name | | | | Educational Qualifications | | | | | | | | Teaching Content Area | | | |
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| 1. **Signature** | | | | | | | | | | | | | | | |
| I certify that I have received, read, understood, and agree to comply with Washington state laws and rules regulating nursing technicians. I also certify that the information herein submitted is true to the best of my knowledge and belief. | | | | | | | | | | | | | | | |
| Signature of Authorized Representative | | | | | | | | | Click or tap to enter a date. | | | | | | |
| Click or tap here to enter text.  Print Name | | | | | | | | | Click or tap here to enter text.  Print Title | | | | | | |

**Appendix A- Nurse Tech Laws**

Important Information to Know Prior to Completing Application

Review the following list of nurse tech rules prior to completing the application. The information may influence the College/University’s decision to apply for out of state nurse technician program approval. Washington state nurse tech rules are [WAC 246-840-840 through 246-840-905](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-840).

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| [**WAC 246-840-840**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-840) | **Nursing technician.**  The purpose of the nursing technician credential is to provide additional work-related opportunities for students enrolled in an LPN, ADN, or BSN program, within the limits of their education, to gain valuable judgment and knowledge. |
|  | 1. The nursing technician is as defined in WAC 246-840-010(30). 2. The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of their authorization under chapter 18.79 RCW and shall be responsible and accountable for the specific nursing functions which they can safely perform as verified by their nursing program. 3. The nursing technician shall work directly for the hospital, clinic or nursing home and may not be employed in these facilities through a temporary agency. |
| [**WAC 246-840-860**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-860) | **Nursing technician criteria.**  To be eligible for employment as a nursing technician a student must meet the following criteria:   1. Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by the commission. The term must have included a clinical component. 2. Currently enrolled in a nursing commission approved program will be considered to include: 3. All periods of regularly planned educational programs and all school scheduled vacations and holidays; 4. Thirty days after graduation from an approved program; or 5. Sixty days after graduation if the student has received a determination from the secretary that there is good cause to continue the registration period. 6. Current enrollment does not include: 7. Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program. 8. Students who are awaiting the opportunity to reenroll in nursing courses. |
| [**WAC 246-840-870**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-870) | **Functions of the nursing technician.**  The nursing technician is authorized only to perform specific nursing functions within the limits of their education, up to their skills and knowledge, as verified by their nursing program. The nursing technician: |
|  | 1. May function only under the direct supervision of a registered nurse who has agreed to act as supervisor and is immediately available. 2. May gather information about patients and administer care to patients. 3. May not assume ongoing responsibility for assessments, planning, implementation, or evaluation of the care of patients. The nursing technician may participate in all aspects of the nursing care process under the guidance of the registered nurse and within the scope of the nursing technician's education. 4. May never function independently, act as a supervisor, or delegate tasks to licensed practical nurses, nursing assistants, or unlicensed personnel. 5. May not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines. 6. May not perform any task or function that does not appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. This document verifies that the nursing technician has demonstrated the ability and is safe to perform these tasks and functions. If the nursing technician is requested to perform any task not verified by the nursing program, the nursing technician must inform their supervisor that the task or function is not within their scope and must not perform the task. |

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| **[WAC 246-840-880](https://app.leg.wa.gov/wac/default.aspx?cite=246-840-880)** | **Functions of the registered nurse supervising the nursing technician.**  The registered nurse who is responsible for supervising the nursing technician:   1. Is accountable at all times for the client's safety and well-being. 2. Is responsible at all times for the nursing process as delineated in WAC 246-840-700 and this responsibility cannot be delegated. 3. Shall maintain at all times an awareness of the care activities of the nursing technician and of the current assessment of the patient/resident. 4. Shall be immediately available at all times to the nursing technician. 5. Shall have knowledge of the specific nursing functions the nursing technician is authorized to perform. The authorized functions appear on the verification sent to the nursing technician's employer by the nursing program in which the nursing technician is enrolled. |

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| **[WAC 246-840-890](https://app.leg.wa.gov/wac/default.aspx?cite=246-840-880)** | **Functions of the employing facility.**  In addition to the responsibilities required by RCW [**18.79.360**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.360) (4)(e), the employer of the nursing technician shall:   1. Verify the nursing technician's enrollment in a nursing program approved by the commission. 2. Verify that the nursing technician continues to qualify as a nursing technician and continues to be in good standing within three weeks of completion of each academic term (semester or quarter). 3. Obtain and maintain written documentation of the specific nursing functions that the nursing technician may perform from the approved nursing program. 4. Follow their own guidelines, policies, principles, and procedures relating to nursing technicians. 5. Identify the student nurse as a "nursing technician." 6. Advise the department and nursing program of any practice-related action taken against the nursing technician. The employing facility shall notify the department at P.O. Box 47864, Olympia, Washington, 98504-7864. 7. Provide training regarding the provisions of RCW [**18.79.330**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.330) through [**18.79.370**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.370) as specified in RCW [**18.79.360**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.360) (4)(e). |
| **[WAC 246-840-900](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-900)** | **Functions of the nursing program.**  The nursing program in which the nursing technician is enrolled should:   1. Provide to the employer written documentation of specific nursing functions the nursing technician may perform. This documentation should be based upon, and limited to, the nursing technician's education and demonstrated ability to safely perform the functions listed. 2. Provide to the employer and the commission written documentation when a nursing technician is no longer considered to be in good standing as defined in WAC 246-840-010(16). The nursing program should notify the employer and the commission immediately if the nursing technician is no longer in good standing. Notification to the commission should be sent to P.O. Box 47864, Olympia, Washington, 98504-7864. |

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| [**WAC 246-840-905**](https://apps.leg.wa.gov/WAC/default.aspx?cite=246-840-905) | **How to register as a nursing technician.**  The nursing program in which the nursing technician is enrolled should:   1. An individual shall complete an application for registration on an application form prepared and provided by the secretary of the department of health. This application shall be submitted to P.O. Box 47864, Olympia, Washington 98504-7864. 2. Every applicant shall provide: 3. The application fee under WAC 246-840-990. 4. A signed statement from the applicant's nursing program verifying enrollment in, or graduation from, the nursing program. If the applicant has not yet graduated, this statement will include the anticipated graduation date. 5. A signed statement from the applicant's employer or prospective employer certifying that the employer understands the role of the nursing technician and agrees to meet the requirements of RCW [**18.79.360**](http://app.leg.wa.gov/RCW/default.aspx?cite=18.79.360)(4). |

**Appendix B**

Please check **yes** if the nursing education program seeking out of state nurse technician approval **contains** the following elements in their nursing education curriculum. Check **no** if the nursing education program seeking out of state nurse technician approval **does not contain** the following elements in their nursing education curriculum.

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| [**WAC 246-840-537**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-537)  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No | **Curriculum for approved nursing education programs.**   * + - 1. The curriculum of the nursing education program must enable the student to develop the nursing knowledge, skills, and professional identity necessary for the level, scope, and standards of competent nursing practice expected at the level of educational preparation.       2. The curriculum will be revised as necessary to maintain a program reflecting advances in health care and its delivery.       3. The curriculum, as defined by nursing education, professional and practice standards, shall include evidence-based learning experiences and methods of instruction, including distance education methods, consistent with the written curriculum plan.       4. Clinical and practice experiences must include opportunities to learn and provide care to clients from diverse ethnic and cultural backgrounds. The emphasis placed on these areas and the scope encompassed shall be in keeping with the purpose and outcomes of the program.       5. The length, organization, content, methods of instruction, and placement of courses must be consistent with the purpose and outcomes of the program.       6. All nursing programs delivering curriculum through distance learning methods must ensure that students receive curriculum comparable to in-person teaching and the clinical and practice learning experiences are evaluated by faculty through formative and summative evaluations.       7. Nursing programs shall not use external nursing examinations as the sole basis for program progression or graduation. External nursing exams for the purpose of this section, means examinations created by people or organizations outside a student's own nursing education program.       8. Competency based testing for progression in nursing programs must be based on valid and reliable tools measuring the knowledge and skills expected at an identified level of student or nursing practice.   Complete section below if applying for out of state nurse technician program approval for practical nurse students in your nursing education program. |
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| [**WAC 246-840-539**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-539) | **Curriculum for practical nurse nursing education programs.** |
| Yes  No | The practical nurse nursing education program of study must include both didactic and clinical learning experiences and must be: |
| Yes  No | 1. Effective September 1, 2017, designed to include prerequisite classes in the physical, biological, social and behavior sciences that are transferable to colleges and universities in the state of Washington; |
| Yes  No | 1. Planned, implemented, and evaluated by the faculty; |
| Yes  No | 1. Based on the philosophy, mission, objectives, and outcomes of the program and consistent with chapters 18.79 RCW and this chapter; |
| Yes  No | 1. Organized by subject and content to meet program outcomes; |
| Yes  No | 1. Designed to teach students to use a systematic approach to clinical decision making and safe patient care; |
|  | 1. Designed to teach students: |
| Yes  No | * 1. Professional relationships and communication; |
| Yes  No | * 1. Nursing ethics; |
| Yes  No | * 1. Nursing history and trends; |
| Yes  No | * 1. Commission approved scope of [practice decision tree](https://fortress.wa.gov/doh/opinio/s?s=DecisionTree); |
| Yes  No | * 1. Standards of practice; |
| Yes  No | * 1. Licensure and legal aspects of nursing including the disciplinary process, substance abuse and professional values; |
| Yes  No | * 1. Concepts and clinical practice experiences in geriatric nursing, and medical, surgical, and mental health nursing for clients throughout the life span; |
| Yes  No | * 1. Concepts of antepartum, intrapartum, postpartum and newborn nursing with only an assisting role in the care of clients during labor and delivery and those with complications; and |
| Yes  No | * 1. Concepts and practice in the prevention of illness and the promotion, restoration, and maintenance of health in patients across the life span and from diverse cultural, ethnic, social, and economic backgrounds. |
| Yes  No | 1. Designed to prepare graduates for licensure as a professional nurse. |
| Yes  No | 1. Designed to prepare graduates to practice according to competencies recognized by professional nursing organizations. |
|  | * 1. Practical nursing courses include: |
| Yes  No | * + 1. Components of: Client needs; safe, effective care environment; health promotion and maintenance; interdisciplinary communication and collaboration; discharge planning; basics of multicultural health; psychosocial integrity; and physiological integrity. |
| Yes  No | * + 1. Skills laboratory and clinical practice in the functions of the practical nurse including, but not limited to, administration of medications, implementing and monitoring client care, and promoting psychosocial and physiological health. |
| Yes  No | * + 1. Concepts of coordinated care, delegation, and supervision. |

Complete section below if applying for out of state nurse technician program approval for ADN or BSN nurse students in your nursing education program.

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| [**WAC 246-840-541**](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-541) | **Curriculum for prelicensure registered nursing education programs.** |
| Yes  No | * 1. The program of study for a registered nursing education program must include both didactic and clinical learning experiences and must be: |
| Yes  No | * 1. Designed so that all prerequisite non nursing course credits and nursing credits are transferable to the bachelor's in nursing programs as identified in the statewide associate in nursing direct transfer agreement between community colleges, colleges, and universities, or the statewide associate of applied science transfer degree; |
| Yes  No | * 1. Designed to include instruction in the physical, biological, social and behavioral sciences. Content is required from the areas of anatomy and physiology (equivalent to two quarter credit terms with laboratory), chemistry, microbiology, pharmacology, nutrition, communication, and computations; |
| Yes  No | * 1. Designed to include theory and clinical experiences in the areas of medical surgical nursing and mental health nursing across the life span, teaching students to use a systematic approach to clinical decision making and preparing students to safely practice professional nursing through the promotion, prevention, rehabilitation, maintenance, restoration of health, and palliative and end of life care for individuals of all ages across the life span; |
| Yes  No | * 1. Designed to include nursing history, health care trends, legal and ethical issues such as professional values, substance abuse and the disciplinary process, scope of practice and commission approved scope of practice decision tree, and licensure and professional responsibility pertaining to the registered nurse role. Content may be integrated, combined, or presented as separate courses; |
| Yes  No | * 1. Designed to include opportunities for the student to learn assessment and analysis of client and family needs, planning, implementation, evaluation, and delegation of nursing care for diverse individuals and groups; |
| Yes  No | * 1. Planned, implemented, and evaluated by faculty; |
| Yes  No | * 1. Based on the philosophy, mission, objectives and outcomes of the program; |
| Yes  No | * 1. Organized logically with scope and sequence of courses demonstrating student learning progression; |
| Yes  No | Based on sound educational principles and standards of educational practice; |
| Yes  No | * 1. Designed so articulation or dual enrollment agreements between associate and bachelor's degree nursing programs or associate and master's degree nursing programs exists to facilitate higher levels of nursing education in a timely manner; |
| Yes  No | * 1. Designed to prepare graduates for licensure and to practice as registered nurses. |
| Yes  No | * 1. Designed to prepare graduates to practice as associate degree or bachelor degree nurses as identified by professional nursing organizations. |
|  | * 1. Baccalaureate and entry-level master's degree programs shall also include: |
| Yes  No | (a) Theory and clinical experiences in community and public health nursing; |
| Yes  No | * 1. The study of research principles and application of statistics to health care practice and intervention; and |
| Yes  No | * 1. The study and practice of leadership, interdisciplinary team coordination, quality assurance and improvement, care coordination and case management. |
|  | 1. Registered nursing curricula shall include: |
| Yes  No | * 1. Comprehensive content on: Client needs; safe practice; effective care environment; discharge planning; health promotion, prevention, and maintenance; psychosocial integrity and physiological integrity. |
| Yes  No | * 1. Clinical experiences in the care of persons at each stage of the human life cycle, with opportunities for the student to learn and have direct involvement in and responsibility and accountability for the provision of basic nursing care and comfort for clients with acute and chronic illnesses, pharmacological and parenteral therapies, and pain management. |
| Yes  No | * 1. Opportunities for management of care, delegation, supervision, working within a health care team, and interdisciplinary care coordination. |

**Appendix C**

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| **Out-of-State Nurse Tech Program Checklist\*** | | | |
| **College/University:**  Click or tap here to enter text. | | | |
| **Nursing Program Type:**  Click or tap here to enter text. | | | |
| **Checklist Completed by:**  Click or tap here to enter text. | | | |
| **Contact Number:**  Click or tap here to enter text. | | **Contact Email:**  Click or tap here to enter text. | |
|  | | | |
| **Completed (initial)** | **Location/results of evidence (include document, page #s, and paragraph)** | **Application Requirement** | |
|  |  | Demographic and contact information completed. | |
|  |  | Application attached. | |
|  |  | 1. A letter of intent specifically identifying nursing degree programs (PN, ADN, BSN) courses, and practice/clinical experience(s) for which the nursing program is seeking program approval for out of state nurse technicians in Washington State. | |
|  |  | 1. Describe the format of practice/clinical experiences, such as use of preceptors, mentors, or direct faculty supervision. See [WAC 246-840-533](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840-533). | |
|  |  | 1. Describe the evaluation process of students in practice/clinical settings by faculty. Include the student evaluation tool completed by faculty for each course. | |
|  |  | 1. Describe how the program(s) prepare students for practice/clinical experiences and licensure according to the scope of practice identified in Washington nurse tech laws. | |
|  |  | 1. Provide curricular outlines, curriculum maps, course descriptions and sequence for each program (degree) seeking approval. | |
|  |  | 1. Provide program purpose, outcomes, program policies and student handbook. | |
|  |  | 1. Provide letter of current accreditation status for the college/university. | |
|  |  | 1. Provide letter of current approval/accreditation status by the state board of nursing from the state where the nursing education program originates. | |
|  |  | 1. Provide letter of current accreditation status from a national nursing accrediting body recognized by the USDOE. | |
| **Signature** | | | |
| I certify that I have received, read, understood, and agree to comply with state laws and rules regulating nurse technicians in Washington state. I also certify that the information herein submitted is true to the best of my knowledge and belief. | | | |
| **Signature of Authorized Representative** | | | **Date: Click or tap to enter a date.** |
| Click or tap here to enter text.  **Print Name** | | | Click or tap here to enter text.  **Print Title** |

# RCW/WAC and Online Website Links

## RCW/WAC Links

[Nursing Care, RCW 18.79](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.79)

[Nurse Tech Laws](https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-860)

Hire a Nurse [Tech](https://nursing.wa.gov/education/hire-nurse-tech)

[Uniform Disciplinary Act, RCW 18.130](http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130)

[Administrative Procedure Act, RCW 34.05](http://apps.leg.wa.gov/RCW/default.aspx?cite=34.05)

[Nursing Education programs Laws, WAC 246-840-500 to WAC 246-840-571](http://apps.leg.wa.gov/WAC/default.aspx?dispo=true&cite=246-840)

## Online

[Washington State Board of Nursing Home Page](http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission)

Washington Licensure [Application](https://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing/ApplyforaLicense)

RCW/WAC and Online Web Site Links - December 2023